### **Application Data Sheet**

#### **Application Information**

Application number:: Not yet assigned

Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None

Title:: Methods and Apparatus for

Rehabilitation and Training

Attorney Docket Number:: 414/05377

Request for Early Publication?::

Request for Non-Publication?::

No
Suggested Drawing Figure::

19A
Total Drawing Sheets::

40
Small Entity?::

Yes

### **Applicant Information**

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel

Status:: Full capacity

Given Name:: Omer Family Name:: Einav

City of Residence:: Kfar Monash

Country of Residence:: Israel

City of mailing address:: Kfar Monash

Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 42875

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full capacity

Given Name:: Haim Family Name:: Einav

Street of Residence: 28 Shlush Street

City of Residence::

Country of Residence::

City of mailing address::

Country of mailing address::

Israel

Postal or Zip Code of mailing address::

65149

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full capacity

Given Name:: Benny
Family Name:: Rousso

Street of Residence: 12 Henry Bergsovel Street

City of Residence:: Rishon-Lezion

Country of Residence:: Israel

City of mailing address:: Rishon-Lezion

Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 35935

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel

Status:: Full capacity

Given Name:: Doron
Family Name:: Shabanov

Street of Residence: 34 Hadkalim Boulevard

City of Residence:: Zur-Igal

Country of Residence:: Israel
City of mailing address:: Zur-Igal
Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 44862

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full capacity

Given Name:: Eran
Family Name:: Katzir

Street of Residence: 12 Amnon Vetamar Street

City of Residence:: Rosh-Ha'ayin

Country of Residence:: Israel

City of mailing address:: Rosh-Ha'ayin

Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 48580

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel

Status:: Full capacity

Given Name:: Gad

Family Name:: Binyamini

City of Residence:: Moshav Hagor

Country of Residence:: Israel

City of mailing address:: Moshav Hagor

Country of mailing address:: Israel
Postal or Zip Code of mailing address:: 45870

## **Correspondence Information**

$C_{\ell}$	orrespondence	Customer	Number	44909

### **Representative Information**

Representative Customer	44909	
Number::		

# **Domestic Priority Information**

Application ::	on :: Continuity Type:: Parent		Parent
		Application::	Filing
			Date::
This application	National Stage of	PCT/IL2005/000141	02/04/05
PCT/IL2005/000141	An application	60/542,022	02/05/04
	claiming the benefit		
	under 35 USC 119(e)		
PCT/IL2005/000141	An application	60/566,079	04/29/04
	claiming the benefit		
	under 35 USC 119(e)		
PCT/IL2005/000141	An application	60/566,078	04/29/04
	claiming the benefit		
	under 35 USC 119(e)		
PCT/IL2005/000141	An application	60/604,615	08/25/04
	claiming the benefit		
	under 35 USC 119(e)		

PCT/IL2005/000141	An application	60/633,428	12/07/04
	claiming the benefit		
	under 35 USC 119(e)		
PCT/IL2005/000141	An application	60/633,442	12/07/04
	claiming the benefit		
	under 35 USC 119(e)		
PCT/IL2005/000141	An application	60/633,429	12/07/04
	claiming the benefit		
	under 35 USC 119(e)		

[This application has no foreign priority claims]

### **Assignee Information**

Assignee name:: Motorika, Inc.

Street of mailing address:: Nerine Chambers

City of mailing address:: P.O. Box 905, Road Town, Tortola

Country of mailing address:: British Virgin Islands